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<b>SERIAL NUMBER</b> 10/781,431	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 20002.122
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

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## TITLE

Patient medical tubing anchor and method

<b>FILING FEE RECEIVED</b> 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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